

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31139

State File No.

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No.

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monroe City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONROE CITY	
c. LENGTH OF STAY (in this place) 30 YRS.		06/10	
d. FULL NAME OF HOSPITAL OR INSTITUTION 311 NORTH LOCUST		d. STREET ADDRESS (If rural, give location) 311 NORTH LOCUST	

3. NAME OF DECEASED (Type or Print) a. (First) VESPER b. (Middle) DESyldie c. (Last) BUELL			4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 12 1950
--	--	--	---

5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED.	8. DATE OF BIRTH SEPTEMBER 3-1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 0 Days 9	IF UNDER 11 HRS. Hours 0 Min. 0
----------------------	-------------------------------	--	--	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	---

13a. FATHER'S NAME CHRISTFER C. Lewis	13b. MOTHER'S MAIDEN NAME Julia Ann Perry	14. NAME OF HUSBAND OR WIFE Lee Buell
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME R. L. Buell	ADDRESS Vandalia Mo
---	-------------------------------------	--	----------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 YEARS 40 YEARS 410 X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CHRONIC MYOCARDITIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) METRAL INSUFFICIENCY		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from SEPT 9, 1946, to SEP 12, 1950, that I last saw the deceased alive on SEP 11, 1950, and that death occurred at 8 A.M., from the causes and on the date stated above.

23a. SIGNATURE John H. Hilde (Degree or title) M.D.	23b. ADDRESS Mount Vernon Mo	23c. DATE SIGNED 9/12/50
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 14-1950	24c. NAME OF CEMETERY OR CREMATORY St. Jude's Cemetery	24d. LOCATION (City, town, or county) (State) Monroe City Missouri
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. 9-16-50	REGISTRAR'S SIGNATURE Anne M. Burdett	25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SON'S	ADDRESS MONROE CITY MO
---	--	--	-------------------------------

WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

0690
1

Date Received: SEP 18 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-1
Date Filed: SEP 19 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Leslie L. Gibson* _____

Licensed Embalmer No. *3014* _____

P. O. Address *Monroe City Mo* _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.